	ng:)	
Address: Phone Num	ber:			
ATLAS Num	nber (if applicable):			
State Bar N	umber:		_	
Representir	ng \square Self (Without a Lawyer) or \square	Attorney for Petition	er or Respondent	
		R COURT OF ARIZO		
Name of Dat	(3)	CASE NO:		(5)
Name of Pet	luoner	REQUEST FOR EX PARTE	R ORDER OF ASSIGN	NMENT
	(4)			
Name of Re	spondent.			
CURREN	NT COURT ORDER:			
_	(date), (7)		(name of ob	ligor or
	red to pay support) was ordered by (
(name of jud	licial officer) of this court to pay: (che	eck all boxes that apply.)		
<u> </u>	Child support of \$Spousal support (maintenance)	per due on the	day of each	
☐ (10)	Spousal support (maintenance)	of \$ per	due on the	day
□ (11)	of each Arrears payment of \$	per du	e on the	dav of
□ (,	each	_·		
BASIS F	OR REQUEST: (check all box	es that apply)		
☐ (12)	The Obligor (person required to pay child support) has a court ordered obligation, but there is no existing order of assignment and I am the person or represent the agency entitled to receive the support.			
☐ (13)	There is no existing order of assignment and I, the obligor (person required to pay child support), request a voluntary assignment.			
☐ (14)	A past due obligation exists for child support, spousal support, spousal support arrears or interest and I request payment on past-due support in the amount of \$per month.			
IDENTIE	YING INFORMATION (15)			
	RMATION ABOUT OBLIGOR		pport):	
Name	of Obligor:			Social
Name of Obligor: Security No.: Employer/Payor (name and payroll address		Date of Bi	rth:	
Emplo	yer/Payor (name and payroll address			

В.	INFORMATION ABOUT OBLIGEE (person receiving support):				
	Name of Obligee: Social Security No.: Address:	Date of Birth:			
	Agency (name and address), if applicable:				
C.	INFORMATION ABOUT THE CHILD(REN) (All children for whom support is to be paid under the Order):				
	Name of Child(ren)	Date of Birth and Social Security Number			
	THEREFORE , I request the Clerk of the Superior Court to enter an order assigning the Obligor's income or other monies in the amount(s) indicated above. I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.				
	Dated: (16)	<u> </u>			
		Signature of Person Requesting Assignment			
	TE OF ARIZONA) Inty of Maricopa) ss	Name of Agency, if applicable			
	scribed and sworn or affirmed and ackno-	wledged before me this date:			
(17)		<u> </u>			
Nota	ary Expiration Date	Notary Public or Clerk			